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TWO CASES OF DISEASE OF THE BRAIN.

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I.—ABSCESS OF THE CEREBRUM.

A GENTLEMAN, aged 26, a teacher by profession, on the 31st day of March, while engaged in his school duties, was taken with convulsions. During the previous winter months, he had complained of uncomfortable feelings in the head, and particularly of a sense of pressure, as though the brain were too large for the cranium. He had also been subject to what he called "bilious attacks," consisting principally of headache and vomiting, and preceded occasionally by a chill. For three or four years, he had suffered from inflammation, caused by a carious incisor tooth; suppuration frequently occurred, and there was a slight discharge, nearly all the time, through a fistulous passage from the root of the tooth. A noticeable swelling existed on the right side of the upper lip, occasioned by this inflammation. An abscess had recently formed in the usual place, and had been lanced.

On Sunday, March 29th, he was found lying on the floor, insensible. He soon recovered his consciousness, and supposed he had fainted. He remembered lying down on the sofa to take a nap, but had no recollection of anything farther.

On the morning of the 31st instant, while conducting the devotional exercises in his school, he experienced a strange sensation in his head; he was conscious of miscalling words without the ability of correcting himself; he partially lost the control of his hands and arms. He recovered sufficiently to go on with his recitations, until he was seized with convulsions, as already mentioned.

Consciousness soon returned, and he was carried home. During the day, he had two more fits. The convulsive movements began in the little finger of the left hand, then extended to the other fingers,

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then to the arm, and finally to the muscles on the left side of the face. During the four following days, he had slight returns of the spasms, and there was a partial loss of motion of the left arm and left leg—the arm being more affected than the leg. In other respects he was comfortable; his appetite was good, and his mind was clear; he slept quietly, and confidently anticipated being able to go out in a few days.

On Sunday, the 5th of April, without any special premonitory symptoms, he had a severe fit, lasting several hours; the convulsions, as before, being confined to the left hand and arm, and the left side of the face. During this time, he was partially conscious, and seemed to suffer much from the spasmodic action. For several days there was a strong tendency to these convulsive movements, but this was controlled by chloroform. He had some nausea, which was, perhaps, owing to the chloroform. The pupils were not dilated, and there was but slight, if any, paralysis of the face. The tongue, when protruded, inclined to the left side. He shed tears, and seemed deeply affected, frequently and for slight causes; but his mental faculties continued clear, and he slept well.

On Friday, the 10th of April, he had a severe pain in the eyeballs. This passed off in the course of the day, and went to the head. The pain was excruciating, and recurred at intervals until he died, leaving him, for a part of the time, comparatively comfortable. He was comatose a few hours before his death, which occurred on the evening of the 13th of April, fourteen days from the date of the first convulsion.

The marked symptoms in this case were, 1st—convulsions, affecting chiefly the left arm and the left side of the face; 2d—paralysis, impairing the power of motion of the left arm and left leg, principally the former, and causing the tongue, when protruded, to incline to the left side; 3d—severe pain in the head and eyes, occurring at intervals, during the last four days of his illness.

*Autopsy.*—In the middle lobe of the right hemisphere of the brain was a well-defined abscess, about the size of an English walnut, filled with very foetid pus. The upper part of the abscess was near the surface, and it descended into the interior of the brain—not, however, involving the ventricles. The parietes consisted of indurated cerebral substance of a dark color, but the cavity was not lined by a membrane. The brain in the vicinity of the abscess was softened; there was no serous effusion, and no other morbid appearance. The lungs were congested, and, on being cut, presented a very red appearance, owing, perhaps, to the chloroform which had been inhaled.

The treatment consisted of purgatives, leeches and cold applications to the head, counter-irritation to the back of the neck, low diet, and chloroform by inhalation, to control convulsions. On the fourth day, the carious tooth was extracted.

## II.—CYST EMBEDDED IN THE CEREBELLUM, WITH EFFUSION INTO THE LATERAL VENTRICLES.

The patient was a highly respectable physician of this city; he had been engaged for many years in the duties of his profession, and continued in practice until compelled to retire by the gradual inroads of a serious, and eventually fatal, disease.

It is not easy to say when this disease commenced, so slight and insidious were its first symptoms. Ten years before his death, he had intermittent neuralgia of the right side of the head, followed by deafness of the right ear. He took large doses of quinine for the relief of the neuralgia, and he attributed the loss of hearing to the effects of this medicine. Soon after, a slight loss of power over the muscles of the right leg was noticed; he was apt to trip in walking; his wife noticed, when she was walking on the right of him, that he leaned heavily against her; his friends perceived a failure in his mental faculties; there was a loss of memory; his judgment was not so good as formerly; it was a common remark that he was growing old very fast. Still he did not call himself sick, and kept about his business as usual.

Four years before his death, he began to have violent attacks of headache. These appeared to be of a neuralgic character, were unattended with heat of the head or flushing of the face, and at first occurred in the night, subsiding at daylight. These headaches continued at irregular intervals for two years or more, increasing in severity, and lasting from a few hours to two or three days.

Meanwhile the paralysis of the right side of the body increased. This paralysis was of a peculiar character. It seemed to be chiefly a want of power to harmonize the muscular movements. In a sitting posture the lower extremities could be freely moved; but any attempt at walking was a failure.

By degrees, the eye-sight became affected. At first, there was double vision, then a dimness of sight, and at last total blindness.

The mental faculties became more and more obtuse; he began to lose control over language; he would begin a sentence, but be unable to finish it. At times, he would become rigid, or slightly convulsed, and would lose, for a time, his consciousness. Sometimes he was irritable, but generally he was calm and hopeful.

The digestive organs remained in good condition. The chief trouble was costiveness; it required large doses of powerful cathartics to move the bowels.

His face was drawn, perceptibly, to the left side. His head was drawn to the right side. He had this inclination of the head to the right, more or less, all his life.

His situation during the last year of his life was wretched in the extreme. He had just consciousness enough to answer, by monosyllables, questions that were put to him. He lay in a somnolent, stupid condition, unable to move in bed, eating and drinking only when he was roused enough to open his mouth; this process had to

be repeated at every mouthful. He would apparently have lain and starved without expressing any sense of hunger. The urine and fæces passed involuntarily, the latter only after taking three or four drops of croton oil, and then waiting twenty-four hours. His pulse was feeble, varying in frequency from sixty to eighty beats in a minute. He was emaciated to the last degree, and had troublesome ulcerations over the lower part of the spine, and also on the glans penis. His eyes were insensible to light, but there was no marked dilatation or contraction of the pupils. The right eye, at times, was considerably inflamed. He seemed to have lost the sense of taste, and it made but little difference to him what was given him to eat or drink. He was a complete wreck of a man, bodily and mentally. He died easily, after lying insensible a few hours, at the age of 57.

*Autopsy*, made by Dr. Ellis. The lateral ventricles contained six ounces of clear serum; the septum lucidum was remarkably transparent.

Projecting somewhat from the base of the cerebellum, on the right side, was a yellowish "capsule," with some transparent cyst-like portions. This was two inches or more in diameter, and formed the lower wall of a large cyst, embedded from one half to three quarters of an inch in the substance of the cerebellum. It contained a brownish, gelatinous substance. The pons Varolii was atrophied, as from pressure by the morbid growth. The medulla oblongata below had also an atrophied look. The optic nerves appeared smaller than usual.

Some old tubercular disease was found at the apex of each lung. The other organs were healthy.

This case seems to confirm the opinion which attributes to the cerebellum "the power of associating or co-ordinating the different voluntary movements." The disease doubtless began in the cerebellum; the effusion into the ventricles occurring at a later period.

It is noticeable that the disease of the cerebellum, and the paralysis, were both on the same side.

#### CASES IN THE JUDICIARY SQUARE HOSPITAL, WASHINGTON,

UNDER THE CARE OF DAVID W. CHEEVER, M.D., OF BOSTON.

[Read before the Boston Society for Medical Observation, October 20th, 1862, and communicated for the Boston Medical and Surgical Journal.]

**CASE I.**—M. Spacht, 52d Penn., was wounded at the battle of Fair Oaks, May 31st, 1862. The ball entered from behind the mastoid process of the left temporal bone, passing inside the ramus of the lower jaw, though apparently injuring the articulation, and made its exit through the superior maxillary bone, just beneath the outer corner of the left eye. June 10th, ten days after the injury, he first came under my care. There was inability to open the mouth, except to